## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informat	tion			Įi icasc icau i	TISU UCUOTIS DC	Torc complet		Acc regarding	pablic barde									
Name and Mailing Address of		nt											T					
City of Ketchikan d/b/a Ketchikan Public Utilities 2970 Tongass Avenue Ketchikan, AK 99901													Check here if this is a change of address.					
Year Report Filed     3. Reporting Period (Ending Date of Pay								4. Number of Full-Time Employees during Selected										
2018	Covered by Re $1/2018$	eport)			Reporting Period (check one):  a.  Fewer than 16 (complete Sections I, IV, and V only)  b.  16 or more (complete all sections)													
SECTION II - Full-Time Emplo	yees.						1											
Job Categories								nber of Emplo loyees in only		0)								
		Race/Ethnicity																
		Hispanic or Latino				Not-Hispanic or Latino												
		Latino	Male								Columns A - N							
	Mal	e Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1			
	Α	В	С	D	E	F	G	Н	I	J	к	L	М	N	0			
Executive/Senior Level Officials and Managers	1.1		2												2			
First/Mid-Level Officials and Managers	1.2														0			
Professionals	2					2								1	3			
Technicians	3								3						3			
Sales Workers	4														0			
Administrative Support Workers	5		2						2				1		5			
Craft Workers	6 1		17	1			2		2			3			26			
Operatives	7														0			
Laborers and Helpers	8														0			
Service Workers	9														0			
TOTAL	10 1	0	21	1	0	2	2	0	7	0	0	3	1	1	39			
PREVIOUS YEAR TOTAL	11 1	0	26	1	0	2	2	0	7	0	٥	2	1		43			

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SECTION III - Part-Time Empl	OVER															
Scottore in a Pare Time Empi	oyees.	Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
				Male							Female					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
	A	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discri	mination Con	nplaints Pursua	ant to 47 CFI	R 22.321, 23.5	55, 90.168, 10 <sup>-</sup>	1.4, and 101.	311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																
SECTION V - Certification								2						<u> </u>		
I certify that to the best of my kn				ents in this rep	port are true a	nd correct.			1							
	rped or Printed Name of Person Signing Signature Telephone No.															
	Edward	Edward L. Cushing (907) 228-6006														
	itle of Person Signing    WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION TO THE PUNISHABLE BY FINE AND/OR FORFEITURE (47 U.S.C. 1001)												VOCATION			
KPU Telecommuni	ications I	vianager		JOI 7141 317	THOM LICEN	OL ON COM	STRUCTION	- LFCIVII 1 (47 C	312 (A	J(1) ANDIOR	FORFEITURE	= (+1 U.S.C. :	JUJ).			